## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| appropriate All further con                                                                                                                             | rrespondence including the l<br>below or directed otherwise                                                                                                                                                                                                                                                                         | Patent advance or                                                | ders and notifi                                      | ication o                                                                                                                                                                                                                                                                                     | f maintenance fees                                                                                                                                                                                                                                                                                                                                      | will be mailed to the curren; and/or (b) indicating a sep         | t correspondence address as                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                            |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |
| 24011 7590 05/16/2006                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      | •                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                         | •                                                                 | emission                                                 |  |
| SILVERBROOK RESEARCH PTY LTD 393 DARLING STREET BALMAIN, NSW 2041                                                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      | I<br>S<br>a<br>tr                                                                                                                                                                                                                                                                             | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                   |                                                          |  |
| AUSTRALIA                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                     |                                                                  | 0 3 2006 gr                                          |                                                                                                                                                                                                                                                                                               | "                                                                                                                                                                                                                                                                                                                                                       | (Depositor's name)                                                |                                                          |  |
| \Z                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                  | RADEMARKS                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   | (Signature)                                              |  |
|                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      |                                                                                                                                                                                                                                                                                               | (Date)                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                          |  |
| APPLICATION NO.                                                                                                                                         | FILING DATE                                                                                                                                                                                                                                                                                                                         | FIRST NAMED INV                                                  |                                                      | INVENT                                                                                                                                                                                                                                                                                        | OR                                                                                                                                                                                                                                                                                                                                                      | ATTORNEY DOCKET NO.                                               | CONFIRMATION NO.                                         |  |
| 10/659,025                                                                                                                                              | 09/11/2003                                                                                                                                                                                                                                                                                                                          | Kia Silverbrook                                                  |                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         | BAL62US                                                           | 4226                                                     |  |
|                                                                                                                                                         | AND HELD MOBILE CON                                                                                                                                                                                                                                                                                                                 | ISSUE FI                                                         |                                                      |                                                                                                                                                                                                                                                                                               | LICATION FEE                                                                                                                                                                                                                                                                                                                                            | <b>F</b>                                                          | DATE DUE                                                 |  |
| APPLN. TYPE                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      | PUB                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         | TOTAL FEE(S) DUE                                                  |                                                          |  |
| nonprovisional                                                                                                                                          | NO                                                                                                                                                                                                                                                                                                                                  | \$1400                                                           |                                                      |                                                                                                                                                                                                                                                                                               | \$300                                                                                                                                                                                                                                                                                                                                                   | \$1700                                                            | 08/16/2006                                               |  |
| EXAMINER A                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                     |                                                                  | NIT CLASS-SUBCLASS                                   |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |
| GIBBS, HEATHER D                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                     |                                                                  | 358-473000                                           |                                                                                                                                                                                                                                                                                               | _                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                          |  |
| I. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                  |                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN                                                                                      |                                                                                                                                                                                                                                                                                                                                     | elow, no assignee<br>of this form is NO                          | data will appea<br>F a substitute for<br>(B) RESIDEN | ar on the<br>or filing a<br>NCE: (Cl                                                                                                                                                                                                                                                          | •• •                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                             | document has been filed for                              |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):                                                       |                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |
| a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of                                                                        | b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                            |                                                                  |                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |
| a. Applicant claims Si                                                                                                                                  | (from status indicated above MALL ENTITY status. See                                                                                                                                                                                                                                                                                | 37 CFR 1.27.                                                     | 1.1.                                                 |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37 C                                        | (0)( )                                                   |  |
| The Director of the USPTO NOTE: The Issue Fee and Penterest as shown by the reco                                                                        | is requested to apply the Issu<br>ublication Fee (if required) v<br>ords of the United States Pate                                                                                                                                                                                                                                  | ie Fee and Publicat<br>vill not be accepted<br>ent and Trademark | tion Fee (if any<br>I from anyone of<br>Office.      | /) or to re<br>other tha                                                                                                                                                                                                                                                                      | -apply any previous<br>n the applicant; a reg                                                                                                                                                                                                                                                                                                           | y paid issue fee to the applic<br>istered attorney or agent; or t | ation identified above.<br>he assignee or other party in |  |
| Authorized Signature                                                                                                                                    | Date 87/8572005 HDEVERTE 2 00587452 18659825                                                                                                                                                                                                                                                                                        |                                                                  |                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                          |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. 02 FC: 1504

Regi**81**2661 No

1400 00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name KIA SILVERBROOK